

<div>ORDER FOR SUPPLIES OR SERVICES</div> <div>(Contractor must submit four copies of invoice.)</div>						<div>Form Approved</div> <div>OMB No. 0704-0187</div> <div>Expires Jun 30, 1997</div>		<div>PAGE 1 OF</div> <div>2</div>					
<div>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.</div> <div>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</div> <div>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</div>													
1. CONTRACT/PURCH ORDER NO. SP0750-00-D-9715			2. DELIVERY ORDER NO. BKT4		3. DATE OF ORDER (YYMMDD) 2003 NOV 01		4. REQUISITION/PURCH REQUEST NO. W33DL533020082		5. PRIORITY				
6. ISSUED BY CODE SP0700  DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010				7. ADMINISTERED BY (If other than 6) CODE SP0700				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR CODE 79343  NAME AND ADDRESS  PROCURENET INC. DBA STRATEGIC PROCUREMENT SERVICES I NC. 2 MADISON ROAD FAIRFIELD NJ 07004				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
						12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT		13. MAIL INVOICES TO SEE BLOCK 15					
14. SHIP TO CODE  DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM				15. PAYMENT WILL BE MADE BY CODE S33181  S33181 DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER		DELIVERY <input checked="" type="checkbox"/>		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
		PURCHASE <input type="checkbox"/>		Reference your _____ and furnish the following on terms specified herein.									
				ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  CG: 97X4930 5CC0 001 26.0 S33150													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		Remarks:  Terms and conditions are in accordance with Basic Contract.  Vendor's copy was sent EDI. Do not duplicate shipment.											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA  BY: EPPI Auto Award  CONTRACTING/ORDERING OFFICER					25. TOTAL \$ 5196.24			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____					27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE				
36. I certify this account is correct and proper for payment.  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS				
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		33. AMOUNT VERIFIED CORRECT FOR			
										34. CHECK NUMBER			
										35. BILL OF LADING NO.			
										42. S/R VOUCHER NO.			

## CONTINUATION SHEET

Order Number:

SP0750-00-D-9715 BKT4

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## SECTION B

ITEM DESCRIPTION NOT INCLUDED

MILSTRIP REQUIRED DELIVERY DATE 310

P/N Manufacturer's CAGE -

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	PR W33DL533020082 NSN 2910-01-376-2266	1	EA	5196.24	5196.24

QTY VARIANCE: PLUS 10% MINUS 10%  
INSPECTION POINT: DEST  
ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION BY: 2003 NOV 03

RDD 310 SHIP BY FASTEST TRACEABLE MEANS

PARCEL POST ADDRESS:

## FREIGHT ADDRESS:

W33DL5  
PR W0VA USA GAR CONSOL MAINT PB00  
BLDG 1170  
FT STEWART, GA 31314-5185

M/F: (TCN) W33DL533020082  
RDD: 310 PROJ:  
PRIORITY: 02

END OF AWARD